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TO:

Name: Mail Stop RCE
Art Unit 3772/Examiner Michael Brown

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/047,545
Gary Karlin Michelson
Filed: January 16, 2002
THREADED FRUSTO-CONICAL INTERBODY
SPINAL FUSION IMPLANTS
Attorney Docket No. 101.0053-01000
Customer No. 22882
Confirmation No.: 4993

FROM:

Name: Thomas H. Martin

Phone No.: 330-877-2277

No. of Pages (including this): 19

Date: January 15, 2007

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,190.00 total amount to cover the \$790 RCE fee and \$400 additional claims fee is to be charged to Deposit Account No. 50-3726), Request for Continued Examination (RCE) (in duplicate), Amendment, and Information Disclosure Statement with Form PTO-1449 are being facsimile transmitted to the U.S. Patent and Trademark Office on January 15, 2007.



Sandra L. Blackmon

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FORM PTO-1083

JAN 15 2007

Attorney Docket No.: 101.0053-01000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/047,545

Filed: January 16, 2002

For: THREADED FRUSTO-CONICAL
INTERBODY SPINAL FUSION IMPLANTS

Confirmation No.: 4993

Art Unit: 3772

Examiner: Michael Brown

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Continued Examination (RCE) and Amendment in reply to the Notice of Allowance dated October 17, 2006 in the above-identified application.

No additional fee is required.
 Applicant hereby requests a ***-month extension of time to respond to the above office action.
 An Information Disclosure Statement and Form PTO-1449 are enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	66	-	70	**	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	6	-	3	***	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
					TOTAL	\$ 400.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The total amount of \$1,190.00 to cover the \$790 RCE fee and \$400 additional claims fee is to be charged to Deposit Account No. 50-3726.
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

By:


 Thomas H. Martin
 Registration No. 34,383

Date: January 15, 2007

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